STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL044002 04/07/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **64 CHESTNUT PARK DRIVE CHESTNUT PARK REST HOME #1** WAYNESVILLE, NC 28786 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of a Biennial Construction Survey by Ed Miller and Greg Cates on April 7, 2015. Records indicates this facility was first licensed on January 1, 1969 with Ten (10) Resident Beds. Based on this information, the facility is required to meet the 1971 Minimum and Desired Standards and Regulations for the Licensing of Homes for the Aged and Infirm, applicable portions of the 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 1967 North Carolina State Building Code Section 516(c)- Institutional Buildings. Physical plant deficiencies were noted which require a plan of correction. C 133 Bathrooms-Hand Grips C 133 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (e) The requirements for bathrooms and toilet rooms are: (6) Hand grips shall be installed at all commodes, tubs and showers used by or accessible to residents: This Rule is not met as evidenced by: 1. Based on observation, the facility failed to ensure that commodes, tubs and showers are equipped with stable hand grips. This deficiency affects all residents who use these unstable fixtures by not providing increased safety. controlled against instability/balance, and maneuverability at the fixtures. Findings on April 7, 2015: a. There were loose hand grips (grab bar) at the commodes, tubs and showers in the following

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
	IDENTIFICATION NUMBER:	` '			
		7t. BOILDING.	7.1. 20.25.110.101		
	HAL044002	B. WING		04/0	7/2015
PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
UT DADY DEST HOM	64 CHEST	NUT PARK	DRIVE		
UI PARK RESI HUW	WAYNES\	/ILLE, NC 2	8786		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE DATE
Continued From pa	ge 1	C 133			
<ul><li>i. Shower in Bath</li><li>2,</li></ul>	room between Bedroom 1 &				
Janitor's Closets-Lo	ocked	C 143			
10A NCAC 13F .03 ENVIRONMENT (f) The requirement closets are: (B) There shall be storing cleaning agand other substancingested, inhaled or shall be monitored.  This Rule is not med. Based on obsemaintained in a safareas to contain such hazardous if ingested deficiency affects a use or come in conhazardous substant Findings on April 7, a. The Corridor Balocked area for the	ts for storage rooms and separate locked areas for ents, bleaches, pesticides, es which may be hazardous if handled. Cleaning supplies while in use; et as evidenced by: rvation, the building was not e manner by not having locked betances which may be ed, inhaled or handled. This Il residents, who my accidently tact with one of these ces. 2015: athroom did not have separate cleaning agents, and other				
SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT (g) The requirement (2) Handrails shall	PHYSICAL PLANT 05 PHYSICAL  nts for corridors are: be provided on both sides of	C 148			
	PROVIDER OR SUPPLIER  UT PARK REST HOM  SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE  Continued From pa locations to include i. Shower in Bath 2, ii. Short show  Janitor's Closets-Lo  SECTION .0300 - F 10A NCAC 13F .03 ENVIRONMENT (f) The requirement closets are: (B) There shall be storing cleaning again other substance in gested, inhaled or shall be monitored with the storing cleaning again of the substance in the storing cleaning again of the substance or come in combination of the substance of	PROVIDER OR SUPPLIER  STREET ADI  64 CHEST WAYNES  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  locations to include but not limited to: i. Shower in Bathroom between Bedroom 1 & 2, ii. Short shower in Corridor Bathroom  Janitor's Closets-Locked  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (f) The requirements for storage rooms and closets are: (B) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use;  This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having locked areas to contain substances which may be hazardous if ingested, inhaled or handled. This deficiency affects all residents, who my accidently use or come in contact with one of these hazardous substances.  Findings on April 7, 2015: a. The Corridor Bathroom did not have separate locked area for the cleaning agents, and other hazardous substances.  Corridors-Handrails  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL	PROVIDER OR SUPPLIER  THAL 044002  STREET ADDRESS, CITY, SEA CHESTNUT PARK REST HOME #1  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  PREFIX TAG  PAGE 1  PA	OF CORRECTION    HALO44002   B. WING	DENTIFICATION NUMBER:  HALO44002  B. WING  PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  44 CHESTNUT PARK DRIVE  WAYNESVILLE, NC 28786  SUMMARY STREMENT OF DETICIBACES (EACH DETICIPACES) (EACH DETICIPACE OF PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 1  locations to include but not limited to: i. Shower in Bathroom between Bedroom 1 & 2, ii. Short shower in Corridor Bathroom  Janitor's Closets-Locked  C 143  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT  (f) The requirements for storage rooms and closets are: (a) There shall be separate locked areas for storing cleaning agents, bleaches, pesticides, and other substances which may be hazardous if ingested, inhaled or handled. Cleaning supplies shall be monitored while in use;  This Rule is not met as evidenced by: 1. Based on observation, the building was not maintained in a safe manner by not having locked areas to contain substances which may be hazardous if ingested, inhaled or handled. This deficiency affects all residents, who my accidently use or come in contact with one of these hazardous substances.  Findings on April 7, 2015: a. The Corridor Bathroom did not have separate locked area for the cleaning agents, and other hazardous substances.  Corridors-Handrails  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (2) Handrails shall be provided on both sides of

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>			SURVEY LETED
		HAL044002	B. WING		04/0	7/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
CHESTN	UT PARK REST HOM	F #1	'NUT PARK   /ILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
C 148	Continued From pa	ge 2	C 148			
	capable of supporti load;	ng a 250 pound concentrated				
	maintained in a safe handrails in the corrall residents, staff a unstable handrail by safety, stability/bala required of these de Findings on April 7, a. The handrail wathe following locations:  i. Main corridor bii. Front door left was a safe to safe the saf	rvation, the building was not e manner by not having stable ridor. This deficiency affects nd visitors who use this y not providing increasing nce, and maneuverability evices.  2015: as loose, and disconnected, at this to include but not limited ack side near exit door;				
C 152	SECTION .0300 - F		C 152			
	exits are:	nts for outside entrances and es, stoops and ramps shall be				
	maintained in a saft handrails/guardrails ramps. This would a visitors who use this by not providing inc	rvation, the building was not e manner by not having stable at steps, porches, stoops and affect all residents, staff and s unstable handrail/guardrails reasing safety, and maneuverability required of				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	
AND FLAIN	OI CONNECTION	IDENTILIOATION NUMBER.	A. BUILDING:	01	CONPI	
		HAL044002	B. WING		04/0	7/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CHESTN	UT PARK REST HOM	F #1	NUT PARK			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	•	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)		COMPLETE DATE
C 152	Continued From pa	ge 3	C 152			
	<ul><li>a. The guardrail w locations to include</li><li>i. Right side Exit.</li></ul>					
C 153	Exit Door Locks-Sir	ngle Hand Motion	C 153			
	exits are: (3) All exit door loc					
	maintained in a safe hand motion door h affect all residents, more time to exit th emergency. Findings on April 7, a. The exterior do single-motion at the	rvation, the building was not e manner by not proving single ardware at exits. This would staff and visitors by requiring e building during an  2015: or hardware was not e Pantry entry.				
C 160	Outside Premises-0	Clean, Safe	C 160			
	(1) The outside gro					

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condition;

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:	01		
		HAL044002	B. WING		04/0	7/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CHESTN	UT PARK REST HOM	F #1	NUT PARK			
	OUR MARK OTA		/ILLE, NC 2		211	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
C 160	Continued From pa	ge 4	C 160			
C 162	were not maintaine operating condition residents, staff and free of obstructions equipment in disrep Findings on April 7, a. The back and r littered with trash, ematerials.	rvation, the outside grounds d in a clean and safe. This could affect all visitors if the grounds are not, tripping hazards and pair. 2015: ight side of the site was equipment and piles of	C 162			
C 162	(3) Outdoor walkw illuminated by no le light at ground leve  This Rule is not med. Based on obsethe walkways and candles of illuminate affect all residents, and drives are not putripping hazards or Findings on April 7, a. The light fixture soffit, near the kitch	PHYSICAL PLANT 05 PHYSICAL ents for outside premises are: ays and drives shall be ss than five foot-candles of l. et as evidenced by: rvation, the outdoor lighting of drives did not have five foot ion at ground level. This could staff and visitors if walkways properly illuminated, warning of obstructions. 2015: e located on the exterior corner nen, was missing its shroud. direct available light to the				
C 164	Housekeeping and	Furnishings-Clean, Repaired	C 164			

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  64 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786   (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY OR LSC IDENTIFYING INFORMATION)  C 164 Continued From page 5  B. WING	STATEMENT OF AND PLAN OF C	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER  CHESTNUT PARK REST HOME #1  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  C 164  C 164  C 164  C 164  C 164  C TAG  STREET ADDRESS, CITY, STATE, ZIP CODE  64 CHESTNUT PARK DRIVE  WAYNESVILLE, NC 28786  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION SHOULD BE COMPLETE DATE)  C 164  C 164  C 164  C 164  C 164				7. BOILDING.	•1		
CHESTNUT PARK REST HOME #1  64 CHESTNUT PARK DRIVE WAYNESVILLE, NC 28786  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  C 164			HAL044002	B. WING		04/0	7/2015
CHESTNUT PARK REST HOME #1  WAYNESVILLE, NC 28786   (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  C 164 Continued From page 5  WAYNESVILLE, NC 28786  ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE)  C 164 Continued From page 5  C 164	NAME OF PROV	VIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  C 164 Continued From page 5  PREFIX TAG REGULATORY MUST BE PRECEDED BY FULL PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE  C 164 Continued From page 5	CHESTNUT P	PARK REST HOM	<del>-</del> #1				
	PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	ILD BE	COMPLETE
SECTION. 0300 - PHYSICAL PLANT 10A NCAC 13F 0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by potentially exposing them to unsanitary conditions. Findings on April 7, 2015: a. In Bedroom 1 two roach was observed on the GFCI electrical power outlet, and the outlet had roach droppings covering it. b. The floor registers had a buildup of dust, dirt, and lint on them at the following locations to include but not limited to: i. Corridor near Office, ii. Kitchen. c. The floors and walls were dirty at the following locations to include but not limited to: i. Bedroom 1 ii. Corridor Bathroom, iii. Kitchen. d. The globe to the light fixture above the sink was missing at the following locations to include but not limited to: i. Bedroom 1 e. There was lint and clothing behind the dryer. f. The Kitchen sink caulk surround was deteriorating and is allowing moisture in. g. Some walls in the kitchen are covered by Plexiglas and had has captured some roaches.	SEC 10A FUI (a) (1) cov (2) (3) (e) faci Thir 1. pro Rul visi con Fina GF roa b. and incl i. ii. c. follo i. iii. d. was but i. e. f. det g.	ECTION .0300 - IDA NCAC 13F .03 JRNISHINGS ) Adult care home ) have walls, ceitoverings kept clea ) have no chroni ) have furniture of ) This Rule shall cilities.  In Based on Observing and the story potential productions on April 7 and In Bedroom 1 to FCI electrical power ach droppings control of the floor registed lint on them at clude but not limit and limit corridor near of Kitchen.  The floors and llowing locations Bedroom 1 Corridor Bathrow Kitchen.  The globe to the start most limited to: Bedroom 1.  There was lint the Kitchen sing teriorating and is some walls in the start of	HYSICAL PLANT 16 HOUSEKEEPING AND 18 shall: 19 ngs, and floors or floor 19 and in good repair; 19 unpleasant odors; 19 ean and in good repair; 19 apply to new and existing 10 as evidenced by: 10 roach was observed on the er outlet, and the outlet had rering it. 10 roach was observed on the er outlet, and the outlet had rering it. 19 shad a buildup of dust, dirt, the following locations to ed to: 19 ffice, 10 alls were dirty at the or include but not limited to: 10 nm, 11 light fixture above the sink collowing locations to include 12 include but not limited to: 13 and 16 light fixture above the sink collowing locations to include 16 include but not limited to: 17 and clothing behind the dryer. 18 account was allowing moisture in. 19 light fixture are covered by	C 164			

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAL044002	B. WING		04/0	7/2015
	PROVIDER OR SUPPLIER  UT PARK REST HOM	F #1 64 CHEST	ORESS, CITY, S NUT PARK I			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
C 164	where the seals har porch.  i. In the pantry and cooking supplie chewed into. j. In the pantry shelves. k. In the laundr the floor and a vern I. The refrigera besides the refriger m. In both left Be	ad a good growth of mold ve giving out. New unit on there were canisters of food es that vermin had there was vermin feces on the y there was vermin feces on nin hole in the wall. tor as drain onto the floor	C 164			
C 183	(a) At least one five A-B-C type fire extire 2,500 square feet of (b) One five pound or CO/2 type is requapplicable, in the management of the control of the	on the facility failed to ment in accordance with this fect all residents, staff and mercen.	C 183			

	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMPLETED	
				R WING		
		HAL044002	B. WING		04/0	7/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CHESTN	UT PARK REST HOM	F #1	NUT PARK			
		WAYNES	/ILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
C 183	Continued From pa	ge 7	C 183			
		st 2013, except for the ch was last preformed on				
C 185	Fire Safety-Rehear	sals on Each Shift	C 185			
	quarterly on each s requirement of the Enforcement Officia (c) Records of rehe and copies furnishe social services ann include the date and shift, staff members description of what	09 PLAN FOR rehearsals of the fire plan hift in accordance with the local Fire Prevention Code				
	Executive Director/I facility failed to perf of the fire plan quar deficiency affects a by not having trainer residents when the building. Findings on April 7,	ord review, and interview with Maintenance Director the form and document rehearsals terly on each shift. This II residents, staff and visitors at staff and cooperative re is a need to evacuate the 2015:				
C 189	Building Equipment	Maintained Safe, Operating	C 189			
	SECTION .0300 - F 10A NCAC 13F .03					

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01		SURVEY PLETED
		HAL044002	B. WING		04/	07/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CHESTN	IUT PARK REST HOM	I⊨ #1	TNUT PARK VILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 189	REQUIREMENTS  (a) The building ar mechanical, and pl care home shall be operating condition (k) This Rule shall facilities with the ex which shall not app  This Rule is not many the shall not app  This Rule shall not app  This R	and all fire safety, electrical, umbing equipment in an adult a maintained in a safe and apply to new and existing acception of Paragraph (e) bly to existing facilities.  Let as evidenced by: ervation, the Building was not manner, the normal fire load ertain areas. This could affect and visitors if a fire could not uately.  Let 2015: a over packed with items, o egress/ingress and has all amount of fire load to this ervations, the Building was not fe and operating condition, through the district construction invalidated its district affect all residents, staff and the is not contained in Room or igin.  Let 2015: Eilling penetration around in hood fire extinguishing	C 189			

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	01	COMPLETED	
		HAL044002	B. WING		04/0	7/2015
		IIAEV44002			1 04/0	112010
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CHECTN	UT PARK REST HOM	E #4 64 CHES1	NUT PARK	DRIVE		
CHESTN	UI PARK KESI HUW	WAYNES\	/ILLE, NC 2	8786		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	PRIATE	DATE
				BEI IOIEIOT)		
C 189	Continued From pa	ge 9	C 189			
	not limited to.					
	not limited to:					
	i. Bedroom 2,					
	ii. Bedroom 3.					
	3. Based on Obse	ervation, the Building was not				
		e and operating condition,				
		le medical oxygen cylinders				
		perly handled/stored. This				
		dents, staff and visitors if				
		ing their valves, propelling the				
		it into a dangerous projectile.				
	Findings on April 7,					
		ical oxygen cylinder was				
		a small shopping cart at the				
		to include but not limited to:				
	i. Bedroom 2	io molado par mor iminica to.				
	200.001112					
	4. Based on obse	rvation, the Building was not				
		e and operating condition,				
		cal power system was not				
		naintained safely. This would				
		lowing unsafe conditions to				
	persist.	<u> </u>				
	Findings on April 7,	2015:				
	•	able television" cable running				
		er the doors between Bedroom				
	3 and the Office.					
		napproved multi-plug adapter				
		ations to include but not limited				
	to:					
	i. Corridor between	en Bedroom 3 & Office.				
		rvation, the Building was not				
		e and operating condition, by				
		at egress from all areas can be				
		e of keys, tools or, special				
	knowledge or effort	. This could affect some staff				
	and visitors if some	one becomes trapped inside.				
	Findings on April 7,					
		edroom 3 were locked from				

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>		(X3) DATE SURVEY COMPLETED	
		HAL044002	B. WING		04/0	7/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CHESTN	UT PARK REST HOM	F #1	NUT PARK I			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 10	C 189			
	the outside with a h	asp device and padlock.				
	provide equipment manner. Findings on April 7, a. The commerce moving air because 7. Based on obse maintained in a saf because the commextinguishing syste maintenance and da properly working residents, staff and kitchen hood's supple operate properly with Findings on April 7, a. Per the semi-accommercial kitcher system was last insight b. Since the semi-commercial kitcher system in July 2014 record keeping had c. On the comme extinguishing system	tal kitchen hood's fan was not to the motor was in a bind.  rvation, the Building was not to e and operating condition, ercial kitchen hood's fire m lacked the inspections, ocumented required to ensure system. This could affect all visitors if the commercial pression system fails to the needed.				
C 199	Exhaust Ventilation		C 199			
	provided with exhautwo cubic feet per r					

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION <b>01</b>	(X3) DATE SURVEY COMPLETED	
		HAL044002	B. WING		04/0	7/2015
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CHESTN	UT PARK REST HOM	F #1	NUT PARK /ILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
C 199	before April 1, 1984 these specified spa (1) soiled linen sto (2) soil utility room (3) bathrooms and (4) housekeeping of (5) laundry area. (k) This Rule shall facilities with the ex which shall not app  This Rule is not mo 1. Based on Obse provide an environe Rule by not maintai odors are generate residents, staff and odors. Findings on April 7, a. The spot exhau	I, with natural ventilation in inces: rage; toilet rooms; closets; and apply to new and existing apply to new and existing apply to existing facilities.  Let as evidenced by: Lervation, the facility failed to ment in accordance with this aning the ventilation where al. This could affect all visitors by subjecting them to  2015: List fan was not running, at the to include but not limited to:	C 199			